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# Patient Dementia and Clinical Interaction in Frontline Radiography: Mapping the Practical Experiences of Junior Clinicians in the UK

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Background	A rapidly ageing UK population and a corollary increase in the numbers of individuals suffering from dementia syndromes is causing a range of structural problems for healthcare services, and practice-oriented problems for frontline clinical staff <sup>[1]</sup> . A number of studies in the broader field of allied healthcare has recently emerged pertaining to the nuanced problems that will increasingly emerge as an output of working with patients with dementia, and the equally nuanced solutions that a practitioner might (or might not) find, especially around interpersonal communication <sup>[2-4]</sup> . Within this corpus, it is reported that junior practitioners of all orders are in a particular position of disadvantage <sup>[5,6]</sup> , working with an ever-increasing number of patients with dementia, but without having yet accrued the levels of direct professional experience conventionally thought to be key to developing “expertise” in professional performance <sup>[7]</sup> . No research has to date, however, directly addressed this broad matter within the radiological professions.		
Methods	Interpretative Phenomenological Analysis (IPA) was used to explore the everyday practical issues faced by junior medical imaging professionals (mean experience in clinical practice = 3.5 years) when handling patients with dementia. Employing a sample of N=6 such professionals, open-ended, semi-structured interviews were conducted (mean duration = 30 minutes). The questioning itself progressed from descriptive to analytical and evaluative. Data were analysed in line with the standard idiographic techniques of IPA <sup>[8]</sup> . Analysis revealed three superordinate themes, outlined below.		
Findings	<div>I. Confidence, experience and education  R1: “Dementia patients aren’t good at a lot of stuff...they get confused easily.”  R2: “...they’re just scared and confused.”  R4: “[I]f the department is mad busy...then I would [expect] a dementia patient to be problematic, and it’s going to take too much time.”</div>	<div>II. Practical and technological constraints on practice  R2: “[I]t’s definitely hard because...for instance...a chest x-ray should only take 3-5 minutes, but I’ve found [with a patient with dementia] it can take 20-30 minutes.”  R6: “[I]t is very fast paced...It puts a lot of pressure on the patient and the member of staff actually dealing with the patient...the major one that [affects] communication is the time.”</div>	<div>III. Complexities around carer input  R3: “[I brought them] into the room, asked them questions...so basically they can help communicate with the patient if the patient is more comfortable with them than us.”  R6: “You’re not guaranteed that the carer has a good relationship with that dementia patient, or can communicate with that dementia patient.”</div>
Discussion	Education for new professionals was seen as lacking in both quantity and context-relevance, with implications for professional confidence and legal ethical practice <sup>[9,10]</sup> . Carers/family were viewed as both a positive and negative force within an examination <sup>[4,11-13]</sup> , and technological advances in radiography were taken to be clinically advantageous, but also sometimes actively detrimental to the effective interpersonal care of patients with dementia <sup>[6,14]</sup> . These issues may have import for the broader understanding of how a patient’s dementia can impact upon everyday practice for a new practitioner in range of fields, not least those naturally dissociated from dementia itself.		
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